



IHS CLINICAL SUPPORT CENTER SPEAKER INFORMATION SHEET

PRESENTER'S NAME/DEGREES: _____

JOB TITLE: _____

WORKPLACE: _____

PHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

**ADDITIONAL
INFORMATION
(EXPERIENCE OR
QUALIFICATIONS
RELATED TO TOPIC):** _____

CE ACTIVITY OR MEETING: _____

TITLE OF PRESENTATION: _____

FILE NUMBER: _____

AUDIOVISUAL REQUIREMENTS

☐ Slide Projector

☐ Overhead Projector

☐ Flip Chart

☐ Marker Board

☐ TV

☐ Screen

☐ Multimedia Projector

☐ VCR

☐ Other: _____

HANDOUTS

☐ I will have no
handouts

☐ I will reproduce my
own handouts and
bring them with me

☐ Clean copy enclosed for
copying